City of Hampton Youth Council Application 2020- 2021 Term

Please Print

Las	t Name					First				MI	
Name you prefer to be called				Cell Phone							
Polo Shirt SizeSML			XL	XXL	Email A	ddress					
Add	dress:										
City	l				Stat	e	Zip				
	me of School										
Foo	od Allergies/Spe	cial diet									
Par	ent(s)/Guardiar	n Name:					Pho	ne:			
				Phone:							
2.	What would yo	ou like to	o accomp	olish as a	member o	of the Hamp	oton Youth Co	ouncil?			
	Name any orga serve.	ınization	ıs, clubs	or teams	of which y	ou are cur	•				es you
	In your opinior generation?				_	•	cing youth to	day, and	l how doe	es it affec	t your

5.	What officer position would you be interested in?							
Το	Commitment successfully complete the City of Hampton Youth Council, a participant must:							
10	successibility complete the city of Hampton Touth Council, a participant must.							
•	Must live in city limits of Hampton or attend Hampton High School.							
•	Commit to attend the eight scheduled monthly meetings, Oct May (one excused absence permitted).							
•	Be willing to engage Mayor and Council as well as their student bodies and attend City Council Sessions on the second Tuesday of each month at 6:30 P.M.							
•	Agree to complete eight hours of community service.							
•	Attain transportation to and from meetings and events.							
•	Be on track to graduate.							
•	Be present at various City of Hampton events throughout the year							
Co	de of Conduct							
•	Be prompt and present at all meetings and dress appropriately.							
•	Be respectful in the treatment of and the interaction with other people.							
•	Be mindful of safety issues to ensure that everyone stays safe from harm and injury.							
•	Be courteous and do not talk on the cell phone during meetings (silence cell phone please).							
•	Be aware of inappropriate behavior and always conduct yourself in a respectable manner.							
I ag	gree to the Commitment, Code of Conduct and the attendance requirement.							
Ар	plicant's SignatureDate							
Ha wh	the parent/guardian of this applicant, I support his/her participation and commitment to the City of mpton Youth Council. I understand, acknowledge, assume and accept the risk that accidents may occur lile my child participates in Hampton Youth Council. I, the undersigned assume the risk for all injuries curring to my child arising out of all events at Hampton Youth Council.							
Pai	rent/Guardian Printed Name							

I confirm that the applicant is on track to graduate and has the ability to serve on the Youth Council.

Parent/Guardian Signature______Date _____

Printed Name and Title of School Official	
Signature of School Official	Date
	Lond

Include a letter of recommendation from two adults, one a teacher and 2nd a community leader who has known you and can provide a testimony of your leadership potential and ability to manage the demands of both school and the Youth Council.

Applications are accepted from August 15, 2020 through September 15, 2020.

Mail completed application to: City Clerk Melissa Brooks, City of Hampton, P.O. Box 400, Hampton, GA 30228 or email to mbrooks@hamptonga.gov.

For more information: Call 770-946-4306 or email mbrooks@hamptonga.gov more information on how to join Hampton Youth Council.